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Bib Data Sheet

CONFIRMATION NO. 2581

<b>SERIAL NUMBER</b> 09/997,267	<b>FILING DATE</b> 11/30/2001 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> SCH-1793	
<b>APPLICANTS</b> Isabelle Ahrens-Fath, Berlin, GERMANY; Bernard Haendler, Berlin, GERMANY;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/255,078 12/14/2000					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10061161.3 11/30/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/06/2002</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>HDP</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 23599					
<b>TITLE</b> Human androgen receptor variants					
<b>FILING FEE RECEIVED</b> 1128	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		